

COVID-19 rapid Nice guideline summary: Severe asthma

Summary of [Nice national guideline NG166, April 2020](#)

Severe asthma is defined as asthma requiring high-dose inhaled corticosteroids (ICS) and another controller. This can be with or without systemic corticosteroids.

Patients with severe asthma who have received a letter letting them know they are at high risk of serious illness from COVID-19 should be advised to follow UK government guidance on [shielding and protecting people defined on medical grounds as extremely vulnerable to COVID-19](#).

Advise patients to continue to follow their asthma action plan regardless of whether they have COVID-19 or not. It is important that their asthma is as controlled as possible. Asthma action plans should be reviewed to ensure they are up to date.

Communicating with patients and minimising risk

Communicating with patients and their families or carers can help support their mental wellbeing. Remind patients that organisations such as the [British Thoracic Society](#), [Asthma UK](#), and the [British Lung Foundation](#) are available and can help to relieve anxiety about COVID-19.

When communicating with patients, pharmacists are reminded to minimise face-to-face contact as much as possible.

Investigations

Most tests conducted as part of assessments of the severity of asthma (bronchoscopy and pulmonary function tests) have the potential to spread COVID-19. These should only be conducted in urgent cases or when the results will directly impact on patient care.

Treatments

Severe asthma treatments	Recommendations
Corticosteroids, inhaled	ICS should be continued as normal by the patient. There is no evidence that ICS treatment increases the risk of getting COVID-19. However, stopping ICS can increase the risk of asthma exacerbation. Manage symptoms of an asthma exacerbation as per the patient's asthma action plan and start a course of oral corticosteroids, if clinically indicated.
Corticosteroids, oral	Maintenance of oral corticosteroids should be continued as normal by the patient. Stopping oral steroids can be harmful. Manage symptoms of an asthma exacerbation as per the patient's asthma action plan and start a course of oral corticosteroids, if clinically indicated.
Biologics, continuing treatment	Treatment with biological therapies should be continued. There is no evidence that biological therapies for asthma suppress the immune system. Patients who usually attend hospital for treatment may be trained to self-administer or undergo treatment at a community clinic. Treatment monitoring should be carried out remotely, if possible.
Biologics, starting treatment	Patients may be started on biological treatments, if indicated and if the benefits outweigh the risks – even if it is not possible to assess adherence and a multidisciplinary team discussion is not possible. Patients started on the therapy should be able to self-administer or receive homecare for ongoing treatment: this will reduce the need for hospital visits.

Equipment

Advise patients on the following regarding equipment for severe asthma:

- Not to share inhalers or other asthma equipment
- Clean all equipment (eg mouth pieces, face masks, spacers and peak flow meters) regularly with detergent and warm water, or as per manufacturer instructions
- Patients using nebulisers should continue treatment with the nebuliser. The aerosol will not carry virus particles from the patient as the aerosol comes from fluid in the nebuliser chamber.

To avoid disruption to the supply chain, patients should be dispensed enough medication to meet their clinical needs for no more than 30 days. For inhalers this depends on the type of inhaler and the number of doses in the inhaler.